



The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Barbers
239 Causeway Street, Boston, MA 02114
www.mass.gov/dpl/
617-727-7406

Barber New Shop Application

BOARD USE ONLY	
Investigator: _____	Date of Inspection: _____
Received By: _____	License Number: _____

Type of Shop applying for:

☐ New Shop (not previously a shop)

☐ Change of Shop Type

☐ Change of Owner (was previously a shop):

Is previous owners license attached? Yes No

If no, list the name and license # of the previous owner:

☐ Change of Address:

List old address: _____

Below to be answered and signed by shop owner:

Name of Shop Owner: _____

Last

First

Middle

License # of owner or name & license # of manager if owner is not a master barber:

Address of Shop: _____

No.

Street

P.O. Box

City/Town

State

Zip Code

Shop Name: _____

Telephone Number-Day: _____ Evening: _____

Social Security and/or F.I.D #: _____

Location of Shop: ☐ Store

☐ Residence

☐ Office Building

If Shop is:

☐ Individually Owned

☐ Partnership

List the partners? _____

☐ Incorporated (enclose Articles of Incorporation)

State where the shop is incorporated: _____

Note: If shop is incorporated be sure to have three directors sign below and attach the corporate seal and a copy of the Articles of Incorporation.

☐ Corporation What is the name if different than the shop name? _____

List the officers? _____

How many apprentices are employed? _____ Attach a copy of their licenses.

Do you own any other shops in Massachusetts? ☐ No ☐ If yes, please list name and address: _____

- Do you hold any other barber license(s)/certification(s) in the United States or any country or foreign jurisdiction? Yes: ☐ (**you must submit a record of standing for each license for this application to be processed**) No: ☐

If yes, please attach a certificate of standing from each state or jurisdiction indicating the status of your license, information on any pending actions and/or any relevant disciplinary information.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Barbers to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, in accordance with the provisions of Chapter 280, Section 2, Acts of 1934, as amended, I (or we) hereby make application for the approval and inspection of a barber shop as described below; and enclose the required fee of one hundred and thirteen dollars (\$113).

Signature of Shop Owner

Date

Signature of Shop Manager

Date